

SERFF Tracking Number:	SUNL-127372194	State:	Arkansas
Filing Company:	Sun Life Assurance Company of Canada	State Tracking Number:	49621
Company Tracking Number:	2011 S-COLI CONSENT - SLOC		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	2011 S-COLI Consent - SLOC		
Project Name/Number:	2011 S-COLI Consent - SLOC/2011 S-COLI Consent - SLOC		

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: 2011 S-COLI Consent - SLOC SERFF Tr Num: SUNL-127372194 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 49621  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 2011 S-COLI State Status: Approved-Closed  
CONSENT - SLOC

Filing Type: Form Reviewer(s): Linda Bird

Authors: Margaret Carvalho, James Crowley, Sandra Silcott, Thomas Miele, Christopher McAuliffe, Pat Squillacioti, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Stacy Amos

Date Submitted: 08/24/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 S-COLI Consent - SLOC  
Project Number: 2011 S-COLI Consent - SLOC  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/29/2011

State Status Changed: 08/29/2011

Created By: Christopher McAuliffe

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: James Crowley

Filing Description:

Sun Life Assurance Company of Canada

NAIC # 549-80802

FEIN # 38-1082080

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Re: 2011 SCOLI Consent XGI - CONSENT TO PURCHASE OF INSURANCE

Dear Sir or Madam:

We submit the above listed form for your review and approval. This form is new and not intended to replace any previously approved form at this time. This form is intended to comply with all laws, rules, bulletins and published guidelines applicable to this form. It is submitted in final printed form and subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

This form has been filed and is pending with our domiciliary state of Michigan.

2011 SCOLI Consent XGI – CONSENT TO PURCHASE OF INSURANCE

Form 2011 SCOLI Consent XGI is used with the previously approved Master application for corporate owned cases subject to expanded guaranteed issue, form number 2010 SCOLI 45/12.

The above form is also being filed with your Department for use by Sun Life Assurance Company of Canada (U.S.) as part of a separate filing.

Please do not hesitate to contact me if you have any questions regarding this submission. Thank you for your attention to this matter.

## Company and Contact

### Filing Contact Information

Jim Crowley, Compliance Consultant	James.Crowley@sunlife.com
175 Addison Road	800-451-2513 [Phone] 1310 [Ext]
Windsor, CT 06095	860-737-6598 [FAX]

### Filing Company Information

Sun Life Assurance Company of Canada	CoCode: 80802	State of Domicile: Michigan
One Sun Life Executive Park	Group Code: 549	Company Type:
SC2175, State Filings	Group Name:	State ID Number:
Wellesley Hills, MA 02481	FEIN Number: 38-1082080	
(800) 432-1102 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sun Life Assurance Company of Canada	\$50.00	08/24/2011	50895751

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	08/29/2011	08/29/2011

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## **Disposition**

Disposition Date: 08/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Consent to Purchase of Insurance		Yes

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## Form Schedule

### Lead Form Number: 2011 Consent XGI

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2011 SCOLI Consent XGI	Other	Consent to Purchase Initial of Insurance			50.100	2011 SCOLI Consent XGI - 8-10-11.pdf

Company/Owner Name \_\_\_\_\_

The Company/Owner listed above (the "Owner") intends to purchase a life insurance policy or policies on the life of the Proposed Insured listed below. In advance of any policy issuance or material increase, the Proposed Insured will be notified in writing of the maximum total amount of insurance to be purchased at the time the policy or policies are issued.

### CONSENT TO PURCHASE OF INSURANCE

I hereby consent to the purchase of life insurance on my life by the Company/Owner (the "Owner") listed above and in accordance with the Master Application for Corporate Life Insurance which is incorporated as part of this consent. I acknowledge that the policy or policies so purchased may remain in force after my termination of employment from the Owner. I understand that the Owner will be the owner and beneficiary of the policy or policies, and that any benefits from such life insurance are payable to the Owner. Neither I, my heirs, assignees, estate, nor administrators have any ownership or beneficial interest or rights in the policy or policies or in any policy proceeds, unless the Owner otherwise notifies the insurer.

The maximum amount of insurance that will be purchased on my life at the time the policy or policies are issued is \$\_\_\_\_\_.  
The maximum face amount of insurance that will be purchased from Sun Life Financial, by the Company/Owner noted above, on my life during the life of the policy or policies is \$\_\_\_\_\_.

#### *Proposed Insured Information*

1. Proposed Insured's Name \_\_\_\_\_ 2. Male ☐ Female ☐
3. Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. Age \_\_\_\_\_ 5. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### QUESTIONS

6. During the past 3 months, have you, the Proposed Insured, been actively at work on a full-time basis, at least 30 hours per week in a normal capacity, and not been absent for more than five consecutive days due to illness or medical treatment? YES ☐ NO ☐

*If no, give details:*

\_\_\_\_\_  
\_\_\_\_\_

7. Have you, the Proposed Insured, used tobacco (cigarettes, cigars, chewing tobacco, pipe, etc.) or any other substance containing nicotine, including Nicorette gum, within the past twelve months?

*If yes, please list type and number of each product used per day:*

YES ☐ NO ☐

\_\_\_\_\_

8. In the past 10 years, have you, the Proposed Insured, been treated for:  
Any disorder of the heart or blood vessels, tumor or cancer, diabetes, stroke, or any disorder of the blood, lungs, kidneys, drug or alcohol use, depression or been diagnosed or treated by a doctor or other medical practitioner for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (AIDS)?

YES ☐ NO ☐

*If yes, give details:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **AGREEMENT**

I agree that all statements and answers in this consent form are true and complete to the best of my knowledge and belief. This consent form shall be attached to and form a part of any policy of insurance issued. As long as I continue to work for the Owner, the Insurer can change the Amount of Insurance in accordance with the Owner's written request to change such Amount. Each change shall be subject to the Insurer's underwriting limitations and requirements then in effect, including but not limited to my being actively at work at the time of the change.

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Sun Life Assurance Company of Canada and Sun Life Assurance Company of Canada (U.S.) are both members of the Sun Life Financial group of companies.

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## Supporting Document Schedules

	Item Status:	Status Date:
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**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

2011 SCOLI Consent XGI - SLOC Readability Certification.pdf

	Item Status:	Status Date:
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**Bypassed - Item:** Application

**Bypass Reason:** please see form schedule. This is not a policy filing.

**Comments:**


## READABILITY CERTIFICATION

**Company Name:** Sun Life Assurance Company of Canada

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
2011 SCOLI Consent XGI	50.1

When calculated with Policy, the application score is 50+.



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Thomas Miele  
Assistant Vice President

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August 17, 2011  
Date